

# **EXHIBIT E**

**Utah Department of Health/Utah Office of Education**

**Licensed Independent Provider's (LIP)  
Diabetes Medication/Management Orders  
In Accordance with Utah Code 53A-11-603 and 53A-11-604  
PCH Outpatient Diabetes Program  
801-213-3599  
Fax: 801-587-7539**

**Student Information**

**Patient First Name: K█████  
Patient Last Name: W█████  
Patient DOB: 03/03/2011  
Type of DM: 1  
Age at Dx: 17 months old  
Name of School: Butterfield Canyon Elementary  
School Fax:  
For School Year: 2018-2019**

**To Be Completed by LIP**

**In accordance with these orders, an Individualized Health Care Plan (IHCP) must be developed by the School Nurse, Student, and Parent to be shared with appropriate school personnel, and cannot be shared with any individual outside of those public education employees without parental consent. As the student's LIP, I confirm the student has a diagnosis of diabetes mellitus and it is 'medically appropriate for the student to possess and self-administer diabetes medication and the student should be in possession of diabetes medications at all times'. K█████ is allowed to self-manage his diabetes care and is allowed to carry and self-administer pre-filled insulin syringes. Per my assessment, I recommend: Student is capable to carbohydrate count meals and snacks for insulin adjustment, carry, and self-administer diabetes medication/insulin. This student may participate in school activities with the following restrictions: Blood glucose is below 80 prior to PE/Recess, glucose source may be required.**

**PROCEDURES**

**Emergency Glucagon Administration**

**Immediately for severe hypoglycemia: unconscious, semi-conscious (unable to control airway), or seizing. Glucagon Dose: 1.0 mg/1.0 ml Route: IM Possible side effects: Nausea and Vomiting**

**Blood Glucose Testing**

**Target range for blood glucose (BG) is: 80-120**

**Check blood glucose: Before meals, prior to insulin correction, and before exercise if needed. Or per K█████'s request. If symptomatic (See student's specific symptoms in Individualized Health Care Plan, IHCP)**

**If BG is less than 80, glucose source (smarties, sweet tarts, half a glucose tab) follow management per Diabetes Emergency Action Plan (page 2)**

**Student should not exercise if BG is below 80 or symptomatic.**

**'Free' Snacks (no insulin coverage) Per K█████'s request**

**Insulin Administration**

**Insulin Type: Diluted Novolog (2:10 dilution) via Pre-Filled Syringe**

**Novolin R (Regular) via Pre-Filled Syringe**

**Route: Subcutaneous Possible side effects: Hypoglycemia**

**Lunch Dosing: 0.5 unit Diluted Novolog and 1 unit Novolin R before meal.**

**Correction Dose: Diluted Novolog**

**Blood Glucose 120-130 (0.5 unit)**

**Blood Glucose 130-140 (1 unit)**

**Blood Glucose 140-150 (1.5 unit)**

**Additional Orders:**

The Dexcom G6 is FDA approved for making treatment decisions. Correction doses of insulin for hyperglycemia, or the intake of carbohydrates for treating or preventing hypoglycemia can be determined at school based on the CGM if there is a glucose number and a directional arrow visible on the CGM. The "Urgent Low Soon Alert" signifies that a glucose of 55mg/dL will be reached within 20 minutes. This should be treated based on the student's hypoglycemia treatment plan. If the symptoms of the student don't match the CGM reading, check a finger stick blood glucose with a meter. In addition, the parent/guardian must sign below verifying they approve the school personnel or school nurse to treat hypoglycemia or give insulin doses based on the CGM.

\_\_\_\_\_  
(Parent/Guardian Signature)

**TO BE COMPLETED BY PARENT OR GUARDIAN**

I understand that a school team, including parent or guardian, may make decisions about implementation and assistance in the school based on consideration of the above recommendations, available resources, and the student's level of self-management. I acknowledge that these orders signed by the LIP will be used by the school nurse, and shared with appropriate school staff, to develop and IHCP for my child's diabetes management at school.

**Date:**

**Parent/Guardian Signature:**

**Best/Emergency contact information:**

**Name: Cary Watkins**

**Cell: 801-231-2855**

**Name: Wade Watkins**

**Cell: 801-450-3808**

**Name: Diane Ault**

**Cell: 801-694-5704**